

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO/

10/552847

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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30		4				
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33		4				
34		4				
35		4				
36		4				
37		4				
38		4				
39		0				
40		0				
41		4				
42		4				
43		4				
44		4				
45		4				
46		4				
47	1.					
48						
49						
50	1.					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.			14		↓	
TOTAL DEP.			114		←	←
TOTAL CLAIMS			128			